

MULTIPLE DEPENDENT CLAIM-  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. 08/9n,33 FILING DATE  
APPLICANT(S)

CLAIMS							
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1							
2		1					
3		1					
4		1					
5		1					
6		1					
7		1					
8		1					
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49							
50							
<b>TOTAL IND.</b>	1						
<b>TOTAL DEP.</b>	19	1	1	1	1		
<b>TOTAL CLAIMS</b>	20						

  

CLAIMS							
	IND.		DEP.		IND.		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
51							
52							
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99							
100							
<b>TOTAL IND.</b>							
<b>TOTAL DEP.</b>							
<b>TOTAL CLAIMS</b>							